

27  
01/10/01

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE      |
|---------------------------|----------|--------|-----------|
| FEE DETERMINATION         |          |        |           |
| O.I.P.E. CLASSIFIER       | Law      | 32     | 1/3       |
| FORMALITY REVIEW          | #5       | 866    | 01-10-001 |
| RESPONSE FORMALITY REVIEW | Rm       | 781    | 02-8-01   |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
÷ ..... Restricted      O ..... Objected

| Claim    | Date    |
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| Final    |         |
| Original | 9-23-04 |
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| Claim    | Date    |
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| Claim    | Date    |
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| Final    |         |
| Original | 9-23-04 |
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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